

City of Wichita, Kansas

ESG and Home Combined Funding Application INFORMATION/INSTRUCTIONS

July 1, 2003 - June 30, 2004

BACKGROUND

The United States Department of Housing and Urban Development has issued regulations requiring the City of Wichita to submit a combined application for Community Development Block Grant (CDBG), Home Investment Partnerships Program (HOME) and Emergency Shelter Grant (ESG) funds. To assist in meeting this requirement, a combined funding application is required for agencies that request either Home Investment Partnerships Program (HOME) or Emergency Shelter Grant (ESG) funds.

General application guidelines are listed in this document. Application instructions are listed within this packet labeled: Application Instructions. The enclosed application forms must be submitted with the proposal.

FUNDING PERIOD

Funds requested will not be available until after July 1, 2003. No legal commitments or grant expenditures may occur prior to that date. Any expenses prior to that date are the sole liability of the applicant.

FUNDING AMOUNTS

Estimated funding for applications are as follows:

Home Investment Partnerships (HOME)

Community Housing Development Organizations (CHDOS) - \$350,000

Note: All HOME funds must be used in Local Investment Areas for housing activities.

Emergency Shelter Grant (ESG)

Essential Services	\$39,900 (Maximum Available)	
Homeless Prevention	\$39,900 (Maximum Available)	
Maintenance & Operations/Rehabilitation	\$46,550	
Total amount available		\$126,350

PRIORITY NEEDS

All applications must specifically address at least one HIGH or MEDIUM priority community need listed in Attachment G.

DEADLINE FOR FUNDING APPLICATIONS

One original and two copies of the funding applications must received by the Department of Finance, 12th Floor City Hall, 455 N. Main, Wichita, Kansas 67202, no later than 5:00 P.M., Friday, December 27, 2002. Any application received after that time/date will not be considered for funding. One copy of each application will be forwarded to the Housing Services Department for staff evaluation. One copy of each application will be retained by the Department of Finance for tracking and reporting purposes.

WHERE TO OBTAIN APPLICATIONS

Housing Services Department, 322 North Riverview and the City of Wichita website (www.wichitagov.org under Housing Services).

ELIGIBLE APPLICANTS

The types of agencies that may submit a funding application are listed in the following: (Please note eligible applicants for each funding source may be different.)

GENERAL ELIGIBILITY CRITERIA

All Funding Applications must meet one of the eligible activities and benefit criteria (listed for either HOME or ESG) applicable to the funding source requested. Additionally, in deciding whether to submit a Funding Application, applicants shall adhere to the following guidelines established by the City Council in allocating grant funds (guidelines are subject to change):

- (A) Programs must address at least one of the High or Medium priority community needs listed in Attachment G.
- (B) Applicants whose programs/activities do not duplicate existing services will be considered for funding.
- (C) Applicants must demonstrate the capability to undertake and complete the proposed program in a timely manner.

BASIC HOME ELIGIBLE ACTIVITIES: Applicants must be a City recognized Community Housing Development Organization. A Community Housing Development Organization (CHDO) community based service organization that has, or intends to retain, staff with the capacity to develop affordable housing in one of the City's Local Investment Areas (LIA).

A CHDO must be a not-for-profit corporation with a 501(c)(3) or 501(c)(4) IRS tax-exempt ruling. The CHDO or the CHDO's sponsoring entity must have been in service to the community where it will undertake housing development activity for at least one year. Service to the community could be "non-housing". The Secretary of the State of Kansas must have the corporation documentation on file certifying the 501(c)(3) or (c)(4) status and in good standing.

A CHDO must be free of external controls, either from public or for-profit interests. A CHDO must have its own staff and must be capable of engaging in the housing development activity it intends to pursue with HOME funds. In addition, the CHDO's board must reflect the community that it intends to serve and meet the regulations of the HOME program.

A Community Housing and Development Organization (CHDO) acting as developer, sponsor and/or owner of housing, may undertake eligible activities. Eligible activities include: development and support of affordable rental housing and home ownership affordability through the acquisition (including assistance to first-time home buyers), new construction, reconstruction, or moderate or substantial rehabilitation of non-luxury housing with suitable amenities, including real property acquisition, site improvement, conversion, demolition, and other expenses, including financial costs, relocation expenses of any displaced persons, businesses, or organizations. The housing must be permanent or transitional housing (with leases of no less than one year), and includes permanent housing for disabled homeless persons, and single-room occupancy housing.

Forms of assistance: The City of Wichita may invest HOME funds as equity investments, interest-bearing loans or advances, non-interest-bearing loans or advances, interest subsidies, deferred payment loans, or grants. The City reserves the right to establish the terms of assistance based on the needs of the individual project.

Minimum amount of Assistance: The minimum amount of HOME funds that must be invested in a project is \$1,000 times the number of HOME-assisted units in the project. Home also has maximum rents, minimum years project must be affordable and maximum HOME investment amounts.

Participant Eligibility: Each HOME funded activity requires information on family size and income that participants are low or moderate income. Participants must not exceed the low and moderate-income levels listed below:

2002/2003 HUD INCOME LIMITS

<u>Family Size</u>	<u>30% of Median</u>	<u>Low Income (0-50%)</u>	<u>Moderate Income (51-80%)</u>
1	\$12,400	\$20,650	\$33,050
2	\$14,150	\$23,600	\$37,750
3	\$15,950	\$26,550	\$42,500
4	\$17,700	\$29,550	\$47,200
5	\$19,100	\$31,850	\$50,950
6	\$20,550	\$34,200	\$54,750
7	\$21,950	\$36,600	\$58,550
8	\$23,350	\$38,950	\$62,300

Note: 2003/2004 HUD Income Limits will not be available until Spring 2003.

BASIC ESG ELIGIBLE ACTIVITIES: Agencies eligible to receive ESG funding are public or private non-profit agencies with documentation on file with the Secretary of the State of Kansas certifying the 501(c)(3) or (c)(4) status and in good standing. Eligible activities include:

Renovation of Homeless Shelters - Renovation, major rehabilitation or conversion of buildings for use as emergency shelters for the homeless. Emergency shelter is defined as a temporary shelter for the homeless in general or for specific populations of the homeless.

Provision of essential services to the homeless including (but not limited to) services concerned with:

Operation of Homeless Shelters - Payment of maintenance, operation (no more than 10% of total grant may be used for staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.

Developing and implementing homeless prevention activities - If grant funds are to be used to assist families that have received eviction notices or notices of termination of utility services, the following conditions must be met:

- ◆ The inability of the family to make the required payments must be the result of a sudden reduction in income;
- ◆ The assistance must be necessary to avoid eviction of the family or termination of services to the family;
- ◆ There must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and

The assistance **must not supplant funding** for pre-existing homeless prevention activities from any other sources.

TECHNICAL ASSISTANCE

Technical assistance meetings will be held **Wednesday, December 4, 2002 from 1:00 p.m. to 3:00 p.m., and Thursday, December 5, 2002, from 2:30 p.m. to 4:30 p.m., in the Board Room, 1st Floor, City Hall**, 455 N. Main. Additional information about the program, regulations, development and submittal of applications is available from the Housing Services Department, 332 N. Riverview, Wichita, Kansas 67203 or you may call (316) 268-4688.

City of Wichita, Kansas

**HOME AND ESG
Combined Funding Application Instructions**

The attached applications are to be used to request 2003/2004 Consolidated Plan funds. **No other application forms or format will be accepted.** If space is inadequate to provide information, a separate sheet may be attached. **All applicable questions/sections must be completed.** Any question/section not filled out will result in the application being considered incomplete and the application will be returned. The City reserves the right to accept or reject any or all applications and to waive informalities when it is in the best interests of the City to do so. A separate ESG and HOME Funding Application Summary as well as a separate Program Funding Application for each program and funding source will be required. Contact the Housing Services Department at 268-4688 with any questions. Additional information necessary to complete the application may be submitted as a separate attachment.

Please be brief and to the point in completing the application. Avoid flowery language, stick to the facts and use data relevant to the project (National statistics are not appropriate for a local project). **SUBMITTAL OF ONE ORIGINAL AND TWO COPIES OF THE APPLICATION IS REQUIRED. THE DEADLINE FOR SUBMITTAL OF A FUNDING APPLICATION IS 5:00 P.M., FRIDAY, DECEMBER 27, 2002 IN THE DEPARTMENT OF FINANCE, 455 NORTH MAIN, WICHITA, KANSAS 67202.**

ESG and HOME APPLICATION SUMMARY

This page lists agency information, a summary of all programs/activities being submitted for funding and the source of matching funds.

PROGRAM FUNDING APPLICATION(S)

If you have one program and you are seeking funds from multiple sources (i.e. HOME and ESG) list the program name and funding source(s) on the **“Funding Application Summary”** (first page of the application) and fill out one **“Program Funding Application”** for each source of funding requested.

If you have multiple programs but only one funding source, list all program(s) and total matching funds on the **“Funding Application Summary”** (first page of the application) and fill out one **“Program Funding Application”** for each program.

APPLICATION REQUIREMENTS

Applications must be submitted on the “City of Wichita, Kansas HOME and ESG Funding Application Summary” and “City of Wichita, Kansas HOME and ESG Program Funding Application” forms provided in this packet. Funding applications must describe how the program meets the appropriate benefit criteria for the funding source. The Funding Application must state goals, objectives and projected results in measurable, quantifiable terms and include outcome measures. Funding Applications shall include a timetable and identification of the priority need(s) to be addressed.

FORMS THAT MUST BE SUBMITTED

1. Funding Application Summary
 2. Program Funding Application*
 3. Attachment A – Total Program Proposed Budget for 2003/2004*
 4. Attachment B – City Grant Budget Explanation* (See Application Instructions sample)
 5. Attachment C - Total Program Budget - All Sources* (See Application Instructions Sample)
 6. Attachment D - Program Beneficiaries & Unit Cost*
 7. Attachment E - Schedule of Agency Positions and Salaries
 8. Attachment F-3 - Outcome Measurements and Indicators
- * (One form for each Program)

FUNDING APPLICATION SUMMARY INSTRUCTIONS

Name of Organization/Agency - Provide the legal name, address and phone number of the Organization or Agency submitting an application. If the program will be carried out by a different organization, identify that organization also.

Contact Person(s) - Provide name(s), address(es) and telephone number(s) of person(s) who can answer questions about the program, the organization, the budget and funding.

Not-For-Profit - Indicate whether your Organization or Agency is registered as a not-for-profit corporation with the State of Kansas and designated as a 501 (c)(3) tax-exempt organization by the Internal Revenue Service.

Years Operating - Indicate how many years your Organization or Agency has been in existence.

Program Table:

List the name of the program(s) you are requesting funds for and indicate the total dollars being requested from HOME and/or ESG along with the combined total for that project from all funding sources.

Matching Funds Table:

List the source and the total amount of matching funds. Also indicate whether the matching funds are Secured, Applied-For or In-Kind. (HOME project proposals should reflect HOME-eligible match.)

Certification/Signature - Provide signature of Board Chairperson or Chief Executive Officer.

CONSOLIDATED PLAN COMBINED FUNDING APPLICATION
INSTRUCTIONS

(Provide a separate application for each ESG activity that funding is requested)

Organization or Agency - Provide the legal name of the Organization or Agency requesting funding.

Program Name - Identify the program by a short name, which can be used for reference.

Priority Need(s) - Identify the priority need(s) your program addresses from Attachment G.

Council District - Identify the Council District in which the program will be located (See Attachment H).

Program Description - Provide a brief description of the program, the targeted population and program purpose.

Program Goals/Objectives for Proposed Year - Provide a brief description of anticipated results in measurable terms stating the population to benefit and outcome measures (which demonstrate results, not “body counts”).

Program Results - Provide previous year outcomes and measures. Describe what measurements were used to determine program success. (If this is a first year program, state so.)

Persons/Units of Service/Cost - Calculate total number of persons to be served or units of service to be provided (count each person served or unit only once). Calculate cost per person/unit served by dividing the total program cost by the number of persons/units served/provided.

Program Providers - List other Organizations/Agencies who currently provide similar services or units as provided in the program funds are being requested for. (If none, indicate so.)

Funding Category - Check appropriate box.

HOME - Acquisition programs/activities include real property acquisition and site improvements. **Rehabilitation** includes reconstruction, or moderate or substantial rehabilitation of non-luxury housing with suitable amenities. **Conversion** includes demolition, renovation and other expenses, including financial costs, for conversion of properties for affordable rental housing and home ownership affordability. **Home ownership Assistance** includes assistance for first-time homebuyers. **New Construction** includes new construction of single family and multi-family housing.

ESG - Rehabilitation includes major rehabilitation or conversion of buildings for use as emergency shelters for the homeless. **Essential Services** includes providing food, clothing, etc. for the homeless. **Maintenance & Operations** includes payment of maintenance, operation (no more than 10% of total grant may be used for staffing costs) rent, repair, security, fuels and equipment, insurance, utilities, and furnishings. **Homeless Prevention** activities include rent and utility assistance (only if the families have received eviction notices or notices of termination of utility services and meet certain conditions).

Benefit Criteria - Check the appropriate benefit category. (For more information see Benefit Criteria located in the Information Packet)

HOME - Check low/moderate income benefit. Provide documentation/sources used to determine that the project is limited to low/moderate income persons.

ESG - Check directly benefits homeless individuals and families or directly prevents homelessness. Homeless persons are defined as individuals or families who are not detained by law or imprisonment and:

1. Lack fixed, regular and adequate nighttime residence; and,
2. Have a primary nighttime residence that is:
 - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
 - (b) An institution that provides temporary residence for individuals intended to be institutionalized.
 - (c) A public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

Organizational Information - Provide a list of board members and officers. Note members by race and sex. Specifically describe any Board member's officers or staff member's direct or indirect financial interest in the project, if any. (If none, indicate so). ESG applicants must explain how homeless individuals are allowed participation in the policy making process.

Methods - Describe how the objective(s) will be attained, what activities will be undertaken to achieve objective(s) and provide reasons for choosing the particular activities instead of other means of addressing the objectives. This section details program operation - who will do what and how; who will be served; and how they will be served.

Timetable - Describe or list a timetable for initiating and completing the project with key dates and action steps. **Note: No funds can be committed or expended before July 1, 2003.**

Evaluation - Specify how outcomes will be measured and how achievement of outcomes are to be determined. Explain what data will be gathered and how it relates to the objectives; identify any test instruments or questionnaires to be used to gather data; describe any evaluation reports to be produced.

Alternative/Future Funding - Present a plan to secure alternative funding if grant funds are not provided, so the program can proceed. If the program is to continue after grant funding expires, present a plan to secure financing other than Consolidated Plan grant funds to continue the program. **A promise to seek other funding is not adequate.** Provide written commitments from other agencies and if applicable, identify ways the program can generate revenue.

Attachment A – Total Program Proposed Budget for 2003/2004 - Provide a separate summary for each program of **all funds** budgeted from the United Way of the Plains, Federal Government, State of Kansas, Sedgwick County, City of Wichita, Other Governments and Other Non-Government Agencies.

Columns:

Total - Total funds from each funding source.

Supporting Services:

Administrative - Funds used for general management and support. It does not include funds used in directly providing services.

Fundraising - Funds used to solicit financial support.

Program - Funds used for direct program services (not administration or support)

Capital - Funds directly related to fixed assets such as land, building or equipment.

Attachment B – City Grant Budget Explanation - Provide a budget explanation for each line item shown in the Total Program Budget - All Sources for HOME or ESG. Use the form pertaining to the funding source application.

Attachment C - Total Program Budget - All Sources - Provide a budget breakdown from all funding sources for each Project (See Sample in Application Instructions).

Attachment D - Program Beneficiaries & Unit Cost - Provide detailed information of persons who will benefit or units of service that will be provided by the program.

Columnar Explanation:

Column 1 - actual performance for the last completed year (2001/2002)

Column 2 – projected performance for the current year (2002/2003)

Column 3 - actual performance for the current year through October 31, 2002

Column 4 - performance projection for 2003/2004.

Linear Explanation:

Line 1 Unduplicated number of persons served during the year. Totals of information in Lines 2-6 should be the same as the Line 1 total.

Lines 7-9 Program Units - Number of program units; Specify the type of unit (hours, people, etc.)

Line 9 Number of individuals attending other presentations, speeches, workshops, etc. when it is not feasible to gather Line 1 statistics. Do Not Duplicate any Line 1 numbers.

Line 10 Direct Cost - Costs specifically attributable to this particular program.

Line 11 Line 10 divided by Line 1.

Line 12 Line 7 divided by Line 1.

Line 13 All costs attributable to this particular program. (Includes direct and indirect costs)

Line 14 Line 13 divided by Line 1

Line 15 Line 13 divided by Line 7

Attachment E - Schedule of Agency Positions and Salaries - Provide a list of all current positions by title. Please list each executive position separately. In the Position Title column, use star * for a vacant position, 1 for a full-time position, .5 for a half-time position, .25 for a quarter-time position, etc. You may group common positions to obtain a full-time equivalent. Annual salaries are to be listed in the amount column. **Please provide the information for last year, the current year, and the projected 2003/2004-year.**

Attachment F – Summary of Program Outcomes – Provide the outputs, outcomes, indicators and target(s) your agency projects to meet during the 2003/2004-program year on the form included.

Attachment G – 2000-2004 Consolidated Plan Priority Needs Table

Attachment H – City Council Districts map

FUNDING APPLICATION CHECKLIST

SUBMIT THIS CHECKLIST WITH YOUR APPLICATION

- o Funding Application Summary
- o Program Funding Application* (1 original and 2 copies)
- o Attachment A – Total Program Proposed Budget for 2003/2004*
- o Attachment B – City Grant Budget Explanation*
- o Attachment C - Total Program Budget - All Sources*
- o Attachment D - Program Beneficiaries & Unit Cost*
- o Attachment E - Schedule of Agency Positions and Salaries
- o Attachment F-3 – Outcome Measurements and Indicators

* (One set of forms for each Program)

SUBMIT THIS CHECKLIST WITH YOUR APPLICATION

Program Title

Agency Name

HOME SUMMARY

City of Wichita, Kansas

2003/2004

Consolidated Plan Combined Funding Application

(Please print or type)

NAME OF AGENCY: _____

PROGRAM: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER _____

CONTACT PERSON(S) _____

Is Your Organization A Registered Not-for-profit? _____

How Many Years Has Your Agency Been In Existence? _____

HOME PROGRAM TABLE: (One original application and two copies for each project)

(List All City Funding Requested)	Total Dollars Requested		

HOME MATCHING FUNDS TABLE:

(List Total Dollars of Matching Funds)	Total Dollars Requested		
Funding Source:	Secured	Applied-For	In-Kind

I hereby certify the information provided in this application is true and correct and that no persons who exercise or have exercised any functions or responsibilities with respect to this activity, who are in a position to participate in a decision making process or gain inside information with regard to such activity, may obtain any financial interest or benefit from this assisted activity.

Board Chairperson / Chief Executive Officer

ESG SUMMARY

City of Wichita, Kansas

2003/2004

Consolidated Plan Combined Funding Application

(Please print or type)

NAME OF AGENCY: _____

PROGRAM: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER _____

CONTACT PERSON(S) _____

Is Your Organization A Registered Not-for-profit? _____

How Many Years Has Your Agency Been In Existence? _____

ESG PROGRAM TABLE: (List All Funding Requested for each program)

Total Funds Requested by Category
(Include one original application and two copies for each program)

Total
Funding
Request

Program	Essential Services	Maintenance & Operations	Homeless Prevention	Rehabilitation

ESG MATCHING FUNDS TABLE:

(List Total Dollars of Matching Funds)

Funding Source:	Total Dollars Requested		
	Secured	Applied-For	In-Kind

I hereby certify the information provided in this application is true and correct and that no persons who exercise or have exercised any functions or responsibilities with respect to this activity, who are in a position to participate in a decision making process or gain inside information with regard to such activity, may obtain any financial interest or benefit from this assisted activity.

Board Chairperson / Chief Executive Officer

**2003/2004 HOME and ESG PROGRAM
CONSOLIDATED PLAN COMBINED FUNDING APPLICATION**

(Complete one set of Funding Application for each funding activity requested)

ORGANIZATION/AGENCY: _____

PROGRAM: _____

PRIORITY NEED(S): _____ COUNCIL DISTRICT: _____

PROGRAM INFORMATION FOR 2003/2004

Program Description

A) Provide a brief description of the program and target population. Why does the program exist?
(Please be concise.)

B) Describe how ESG funds for each category requested in this application will be used. Approach each category separately. (Add more pages if needed.)

Program Goals/Objectives for Proposed Year (ESG only) – What effect on the client is the program trying to achieve? Define the specific outcome measures the program is trying to achieve. For Emergency Shelter Grants, identify program beneficiaries by estimating the total number of persons to be served by the project during the program year. Note: Outcome measures are benefits or changes for individuals or populations during or after participating in a program or project. What/how is their condition different at the completion of the program? How is this to be measured? (Attachments F & G)

Emergency Shelter for Homeless	_____
.....	_____
Emergency Shelter for Homeless Families	_____
Homeless Prevention:	_____
Individuals.....	_____
Families	_____
Essential Services:	_____
Individuals.....	_____
Families	_____

Program Results – Outcome measurements for previous year(s). What was the effect on the clients or the community? What measurements determine program success?

Persons/Units of Service/Cost – (Indicate whether units of service are: People (General), Youth, Elderly, Households (General), Large Households, Small Households, Elderly Households, Businesses, Organizations, Housing Units, Public Facilities, Feet of Public Utilities, Other.)

How many Persons/Units of Service will the Program help or provide? _____

What is the total Program cost per Person/Unit? _____

Program Providers – Is the Program for which funds are requested presently being provided by any other agency? o Yes o No If yes, Name Agencies.

Funding Category – Check the appropriate funding category that applies to your Program and complete the corresponding Funding Forms pertaining to the agency’s application.

HOME

- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Conversion
- ☐ New Construction

ESG

- ☐ Rehabilitation
- ☐ Maintenance & Operation
- ☐ Essential Services
- ☐ Homeless Prevention

Benefit Criteria – Indicate whether the program will: **(Check One)**

HOME

- ☐ Directly Benefit Very Low/Low Income Persons (Indicate how beneficiaries are to be documented)

ESG

- ☐ Directly Benefit Homeless Persons
- ☐ Directly Prevent Homelessness

Organizational Information – Provide a list of all agency board members, officers or partners and their home address(es). Note board members by race and sex. Specifically describe any Board member’s, officer’s or staff member’s direct or indirect financial interest in the project, if any. If None, indicate so. (Attach organizational chart)
Note: ESG applicants must explain how homeless individuals are allowed participation in the policy making process.

Methods – Describe how the desired objectives are to be accomplished.

Timetable – Describe timetable for initiating and completing the project with key dates and action steps. **Note: No funds can be expended or committed before July 1, 2003.)**

Outcome Measures – List outcome measures and describe how the outcomes will be measured and evaluated.
[Must complete and submit Form F-3]

Alternative/Future Funding – What specific effort/action has your agency taken to obtain alternative funding. What is your plan for future funding if the Program is to be continued?

(SAMPLE)
PROGRAM BUDGET EXPLANATION
JULY 1, 2003 TO JUNE 30, 2004

PERSONAL SERVICES

Salaries

Executive Director – 100% (United Way) - \$2,200 month	\$	26,400
Administrative Assistant – 100% (1/2 United Way, 1/2 SRS) - \$1,700 month	\$	20,400
Counselor – 100% (1/2 United Way, 1/2 SRS) - \$1,500 month	\$	18,000
Secretary – 100% (1/2 United Way, 1/2 SRS) - \$7.00 hr., 40 hrs. weekly	\$	14,560
Intake Clerk – 50% (1/2 United Way, 1/2 SRS) - \$5.50 hr., 20 hrs. weekly	\$	5,720

Employee Benefits

FICA @ 7.65%	\$	6,509
Workman' Compensation – (estimated)	\$	1,500
Unemployment – (estimated)	\$	400
Health – (estimated)	\$	4,800

CONTRACTUAL SERVICES

Electricity – (estimated \$200 per month)	\$	2,400
Gas – (level pay - \$25 per month)	\$	300
Water – (estimated \$15 per month)	\$	180
Trash – (\$90 quarterly)	\$	360
Communication:		
2 lines – (@ \$10 each per month)	\$	240
Long Distance – (estimated \$160 per month)	\$	1,920
Access charge/local service – (estimated \$20 per month)	\$	240
Postage (estimated)	\$	1,000
Transportation – (\$.25 x estimated 150 miles per month)	\$	450
Insurance – Fire and Casual (estimated)	\$	500
Professional Services / Audit (estimated)	\$	4,000
Space Rental – (1,000 sq. ft. @ \$7.80 per sq. ft.)	\$	7,800

COMMODITIES

Office Supplies – (estimated)	\$	500
Printing – (estimated)	\$	200
Copying – (estimated)	\$	3,000
Equipment Supplies – (fuel, oil, antifreeze, etc.)	\$	300
Non-Capitalized Equipment		
Office Equipment & Furniture (filing cabinet, calculator, hand tools – est.)	\$	360
Other Commodities – (food/medical – estimated)	\$	300

CAPITAL OUTLAY

Office Equipment	\$	900
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TOTAL		\$123,239
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TOTAL PROGRAM PROPOSED BUDGET FOR 2003/2004

PROGRAM NAME _____

	Total	Supporting Services		Program	Capital
		Admin.	Fundraising		
United Way of the Plains Allocation					
United Way Plains Venture Grant					
SUBTOTAL					
FEES & GRANTS from Government Agencies					
Federal Government					
1.					
2.					
3.					
4.					
State of Kansas					
1.					
2.					
3.					
4.					
Sedgwick County, KS					
1.					
2.					
3.					
4.					
City of Wichita, KS					
1.					
2.					
3.					
4.					
Other Governments					
1.					
2.					
3.					
4.					
Other Non-Government					
1.					
2.					
3.					
4.					
SUBTOTAL GOVERNMENT REVENUE					
TOTAL UNITED WAY/GOVT. REVENUE					
GRAND TOTAL					

**HOME
CITY GRANT BUDGET EXPLANATION
JULY 1, 2003 TO JUNE 30, 2004**

Description	Amount
Personal Services	
Salaries	
Employee Benefits	
Contractual Services	
Commodities	
Capital Outlay	
Total	

ESG
CITY GRANT BUDGET EXPLANATION
JULY 1, 2003 TO JUNE 30, 2004

	Essential Service	Maintenance & Operations	Homeless Prevention	Rehabilitation	Total
Personal Services					
Salaries					
Employee Benefits					
Contractual Services					
Commodities					
Capital Outlay					
Total					

**ESG and HOME
PROGRAM FUNDING APPLICATION**

**TOTAL PROGRAM BUDGET – ALL SOURCES
JULY 1, 2003 TO JUNE 30, 2004**

Account Classification		HOME	ESG	UNITED WAY	SRS	(Name)	(Name)	TOTAL FUNDING
PERSONAL SERVICES								
	Salaries							
	Employee Benefits							
	TOTAL							
CONTRACTUAL SERVICES								
	Utilities							
	Communications							
	Postage							
	Transportation/Training							
	Insurance							
	Contractors							
	Legal Services							
	Audits							
	Other Professional Services							
	Equipment Rental							
	Equipment Maintenance							
	Building Lease/Rent							
	Building Maintenance							
	Advertising							
	Periodicals							
	Other Contractuals							
	TOTAL							

HOME and ESG APPLICATION
BUDGET – ALL SOURCES (Continued)

Account Classification		HOME	ESG	UNITED WAY	SRS	(Name)	(Name)	TOTAL FUNDING
COMMODITIES								
	Office Supplies							
	Printing & Graphics							
	Photocopying							
	Micro Computing Software							
	Clothing and Towels							
	Chemicals							
	Equipment Parts							
	Construction Materials							
	Equipment Supplies							
	Building Parts							
	Non-Capitalizable Equipment							
	Other Commodities							
	TOTAL							
CAPITAL OUTLAY								
	Land							
	Buildings							
	Improvements Other Than Bldgs							
	Office Furniture							
	Vehicular Equipment							
	Operating Equipment							
	TOTAL							
GRAND TOTALS								

PROGRAM BENEFICIARIES & UNIT COST

PROGRAM NAME _____

		2001/2002 ACTUAL	2002/2003 PROJECTED	2002/2003 to 10/31/02	2003/2004 PROJECTED
1.	UNDUPLICATED # of Program Beneficiaries				
2.	AGE GROUP: a. Infants to under 5 b. 5 to 12 c. 13 to 18 d. 19 to 59 e. 60 to 69 f. 70+ g. Not Known				
3.	GENDER: a. Male b. Female c. Not Known				
4.	ETHNIC BACKGROUND: a. White b. Black c. Spanish/Hispanic d. Asian e. American Indian f. Other g. Not Known				
5.	INCOME LEVEL: a. < \$10,000 b. \$10,000 to \$19,999 c. \$20,000 to \$29,999 d. \$30,000 to \$49,999 e. \$50,000 to \$74,999 f. \$75,000 + g. Not Known				
6.	RESIDENCE: a. Sedgwick County b. Other c. Not Known				
7.	(Program Units)*				
8.	(United Way Program Units)*				
9.	(Other....See Instructions)				
UNIT COSTS					
10.	Direct Cost				
11.	Direct Cost per Beneficiary				
12.	Direct Cost per _____				
13.	Total Cost				
14.	Total Cost per Beneficiary				
15.	Total Cost per _____				

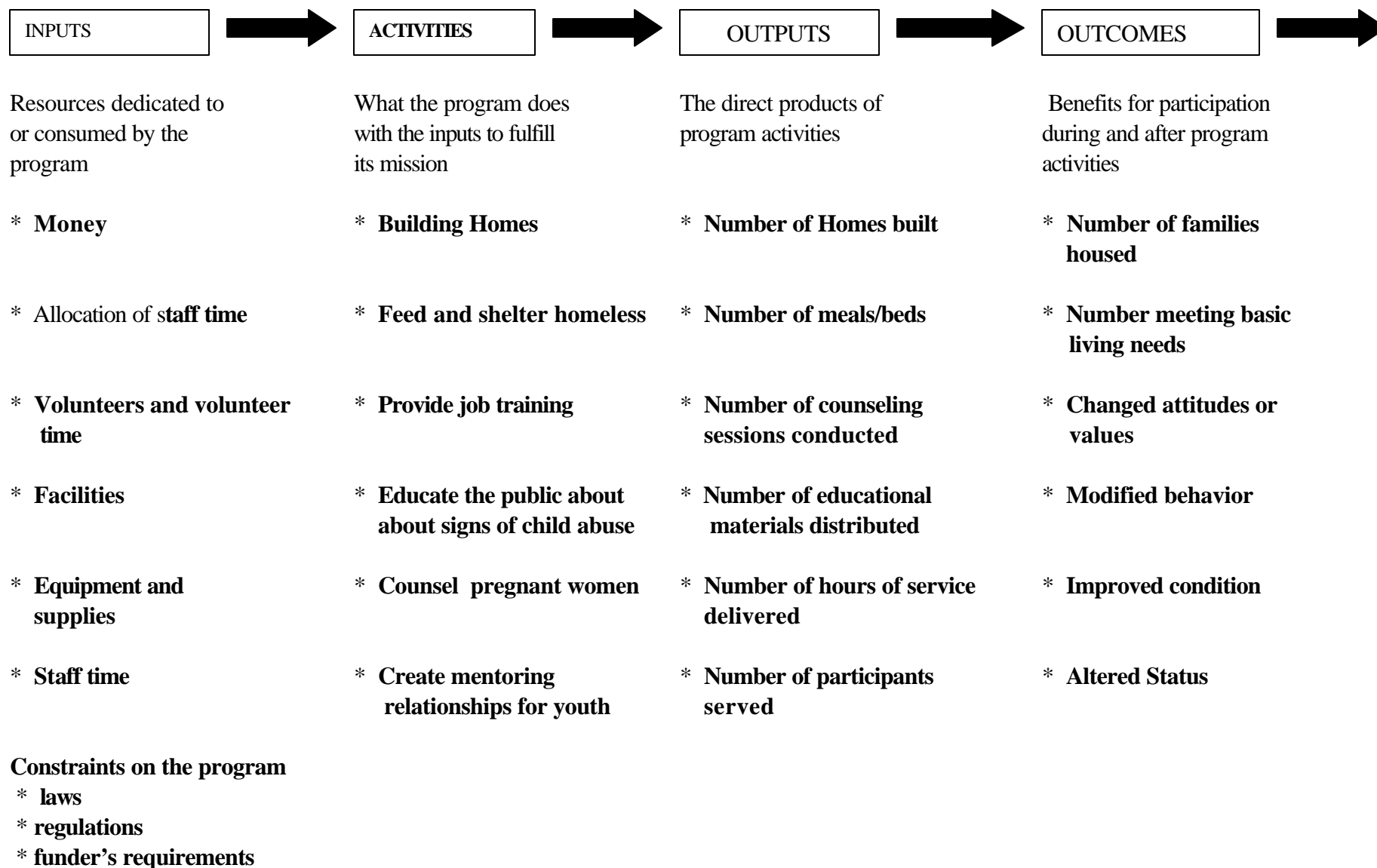
* Specify Program Units (hours, people, etc.)

SCHEDULE OF AGENCY POSITIONS AND SALARIES

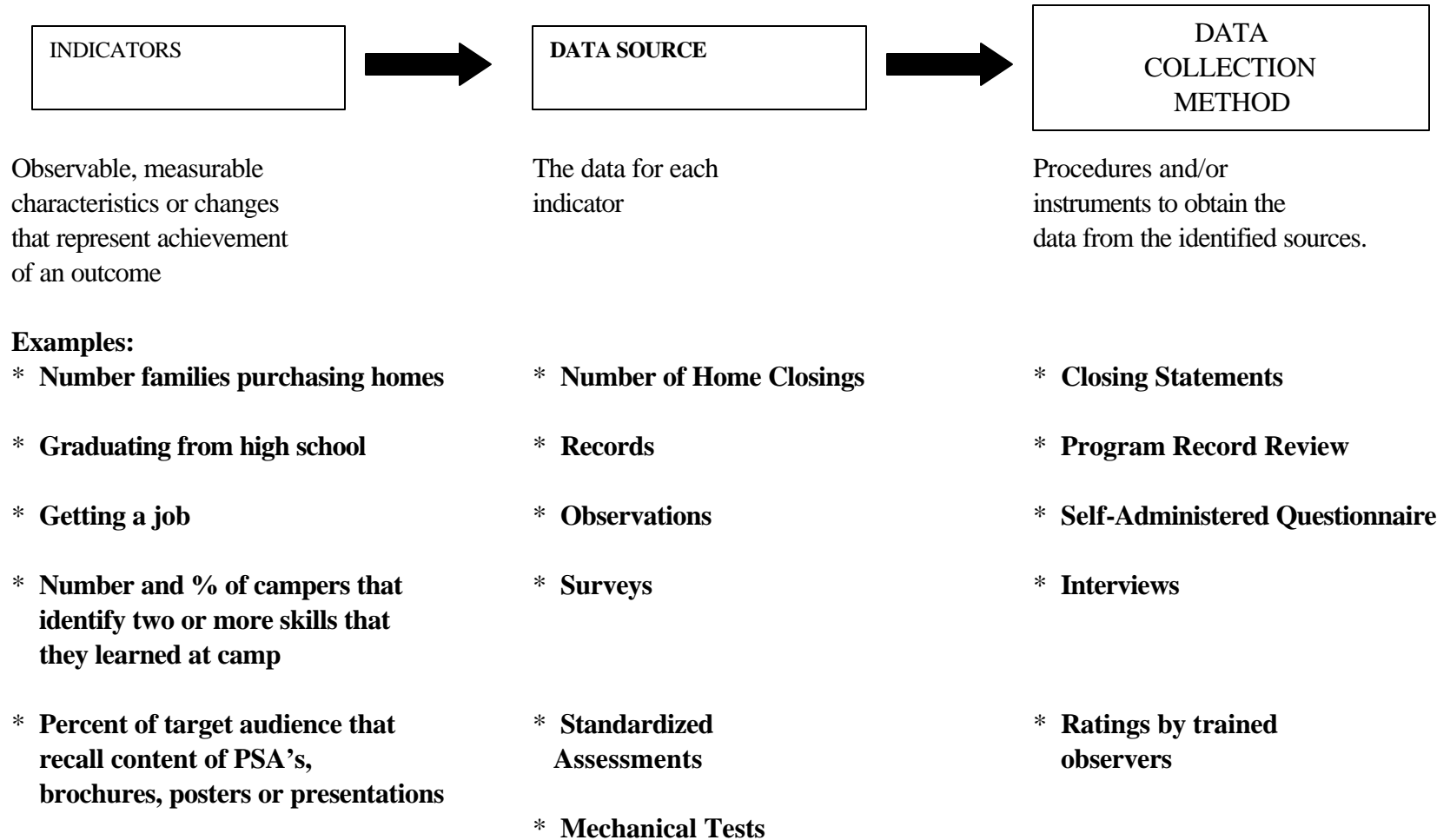
POSITION TITLE: List each position & % FTE. * if vacant; 1 if full time; .50 if ½ time; .25 if 1/4 time; etc.	Current Funding	ACTUAL 2001/2002		PROPOSED 2002/2003		PROPOSED 2003/2004	
		% FTE		% FTE		% FTE	

[illegible]

“Summary of Program Outcome Model



Summary of Program Outcome Model (Continued)



Identify the specific outputs, outcomes, indicators and annual target(s) in the following table:

Agency: Program: Priority Level:				Total Number of Program Participants Number Completing the program – Number Realizing Program Outcome – Percent Realizing Program Outcome -			
Outputs		Outcomes		Indicators		Target	

2000-2004 CONSOLIDATED PLAN PRIORITY NEEDS

	PRIORITY NEEDS	Total Points	Ranking
1	Community Policing Programs	372	H
2	Air fare/Air Service Improvements	361	H
3	Blighted Areas	339	H
4	Safety and Security Programs	337	M
5	Affordable Energy	332	M
6	Employment Opportunity Development	331	M
7	Youth Training/Employment	331	M
8	Home-Ownership Programs for first-time Home-Buyers	328	M
9	Electric Rates	327	M
10	New Business Development	326	M
11	Flood Control Improvements	326	M
12	Job/Skill Training	324	M
13	Safe, clean and Affordable housing for renter households	324	M
14	Public Health Programs	324	M
15	Youth Services/Programs	324	M
16	Ground Water Contamination Clean Up	324	M
17	School Safety Programs	323	M
18	Tax Stability	323	M
19	Vocational Education Programs	323	M
20	Public Transportation	321	M
21	Neighborhood Appearance and Maintenance Programs	319	M
22	Citizen Awareness/Input	319	M
23	Business Expansion/Retention	318	M
24	Work Force Development to meet Business Needs	317	M
25	City Code Modifications as Incentive for Inner City Development	317	M
26	Repairs for lower-income owner-occupied units	316	M
27	Transportation Services for the Elderly	316	M
28	Stormwater (drainage) Improvements	314	M
29	Solid Waste Disposal Improvements	311	M
30	Code Enforcement Activities	310	M
31	Repairs for Lower-Income Owner-Occupied Units	309	M
32	Kellogg Improvements	309	M
33	Housing Rehabilitation/Removal/Replacement	308	M
34	Inner City Redevelopment Programs	308	M
35	Youth Recreation	307	M
36	Railroad Improvements	306	M
37	Street Improvements	306	M
38	Water Conservation	305	M
39	Sewer Improvements	305	M
40	Small Business Development	304	M
41	Wichita's Image	304	M

42	Neighborhood Planning	304	M
43	Park and Open Space Improvements	304	M
44	Libraries	302	M
45	Neighborhood Stabilization Programs	301	M
46	Health Stations/Clinics	301	M
47	Yard/Street Clean-up	300	M
48	Inner City Development Programs	299	M
49	Programs to end Domestic Violence	298	M
50	Downtown Housing and Redevelopment	297	M
51	Revenue Sources	295	M
52	Traffic Control	295	M
53	Additional Crossings Over the Big Ditch	293	M
54	Street Lighting	293	M
55	Family Programs	292	M
56	Water Improvements	291	M
57	Lighted Schools	290	M
58	Fire Stations	288	M
59	Neighborhood Revitalization Act Implementation	288	M
60	Neighborhood Preservation/Conservation Activities	286	M
61	Drug Treatment	286	M
62	Housing Programs for Special Populations	285	M
63	Wichita's Promise (Youth Services)	284	M
64	Senior Centers	282	M
65	Support for Community-based housing development corporations	281	M
66	Neighborhood Community Centers	280	M
67	Reinvestment Incentives	279	M
68	Minority Business Development	277	M
69	Homeless Assistance Programs	277	M
70	Tourism Development	276	M
71	Communications Programs	276	M
72	Recreation Programs	275	M
73	Tourism Marketing	273	M
74	Neighborhood Association Assistance	273	M
75	Incentives to Promote Infill Housing	271	M
76	Neighborhood Retail and Services	270	M
77	Day Care/Camp Programs	269	M
78	Landfill Site reuse	266	M
79	Stormwater Utility Funding	266	M
80	Tree Planting & Maintenance	265	M
81	Community Information Programs & Materials	262	M
82	Right of way Protection for NW and SE Expressways	261	M
83	Dirt Streets	260	M
84	Museum District	260	M
85	Bicycle/Pedestrian Improvements	260	M
86	ADA Compliance	257	M
87	Repairs for Rental Housing	256	M
88	Community Development Plans	256	M

89	One-stop residential development assistance center	253	M
90	Neighbor to Neighbor Programs	253	M
91	Needs Assessment Activities/Studies	252	M
92	Historic Property Rehabilitation Programs	251	M
93	Repairs for rental housing	251	M
94	Capacity Building Programs for Neighborhood Associations	249	M
95	Correctional Facilities	247	M
96	Storm Shelter Survival Program	247	M
97	Animal control	247	M
98	Sidewalk Improvements	245	M
99	Industrial Development Sites	244	M
100	Parking Improvements	240	M
101	Historic Preservation	237	M
102	One-stop Center for Businesses wanting to Export Goods	231	M
103	Rock Road Improvements	230	M
104	Old Town and Parking	225	M
105	Communication Towers	225	M
106	Half-way Houses	214	M
107	Alley Improvements	206	M
108	Downtown Arena for Wichita	202	L
109	International Village	183	L

INSERT CITY COUNCIL DISTRICTS MAP